## PART B - FEE(S) TRANSMITTAL

CURRENT CRRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

WASHINGTON D. 1997

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

CUSTOMER NUMBER

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION NO.		FILING DATE FIRS		T NAMED INVENTOR		ATTO	ATTORNEY DOCKET NO.			CONFIRMATION NO.			
10/774,378 02/10/200		02/10/2004	Hideaki TADA			Q79834				18	72		
TITLE OF INVENTIO	N: OAF065	alpha and OAF065b	eta POLYPE	PTIDES									
APPLN. TYPE	SMAL ENTIT	L.	E FEE	PUBLICAT FEE	ION PREV	PREV. PAID ISSUE FE		TOTAL FEE(S) DUE		DA	TE DUE		
nonprovisional	NO	\$144	40.00	\$300.00		\$0.00		\$1,740.00 06/06		/06/2008			
	EXAMINER			ART UNIT C		ASS-SUBCI	SUBCLASS						
R	1647	L		<b>-</b>									
				17 CPD 1 242	1 2 F			a lint		Sughrue Mio	n DLIC		
1. Change of correspon					2. For printin	•				Sugnrue Mio	n, PLLC		
PTO/SB/122) attached	☐ Change of correspondence address (or Change of Correspondence Address PTO/SB/122) attached.					(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
G "Fee Address" indi	☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev						; Rev (2) the name of a single firm (having as a member a registered attorney or agent) and the 3						
03-02 or more recent) ATTACHED. Use of a Customer Number is required.					names of up to 2 registered patent attorneys or								
agents. If no name is listed, no name will be printed.													
3. ASSIGNEE NAME													
PLEASE NOTE: Unle	ss an assigne in 37 CFR 3	e is identified below .11. Completion of	v, no assigned this form is N	e data will appe OT a substitute	ear on the pater e for filing an a	nt. If an assi ssignment.	gnee is ident	ified below	, the	document has	been filed for		
(A) NAME OF ASSIC		B) RESIDENCE: (C											
ONO PHARMACEUT	TICAL CO., I	LTD.	Osaka, Jap	an									
Please check the appro	priate assign	ee category or category	ories (will not	be printed on t	the patent): 🗆 I	ndividual ☑	1 Corporation	or other p	rivate	group entity [	Government		
4a. The following fee(s) are submitted:					4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
☑ Issue Fee				☐ A check	☐ A check is enclosed.								
☑ Publication Fee (No small entity discount permitted)				☐ Paymen	☐ Payment by credit card. Form 1310-2038 is attached.								
☐ Advance Order - # of Copies					☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).								
					SPTO is directe Please also crec						t Account No.		
5. Change in Entity Sta	atus (from sta	tus indicated above	)										
a. Applicant claims					icant is no long								
The Director of the US NOTE: The Issue Fee party in interest as sho	and Publicati	on Fee (if required)	will not be ac	cepted from ar	yone other that								
Authorized Signature	-	Sujus	n 9/11/	wh	Date			June	6, 200	08			
Typed or Printed Nam	e	Susan J. Ma	ck		Registration	No. ⊌6/	49/2018 AW	0HDAP2,95			19774378		
Modified PTOL-85 (R	ev. 08/07) A	pproved for use thro	ugh 08/31/20	10.		ib 25	<del>70:1581 -</del> FC:1584	300	. 68	ĎĀ —			

## PART B - FEE(S) TRANSMITTAL

CURRENCORRESPONDENC ADDRESS (Note: Use Block 1 for any change of address)
WASHINGTON DE 265550

65565 CUSTOMER NUMBER

> SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037

Modified PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION N	APPLICATION NO. FILING D		RST NAMED IN	VENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.			
		/2004 Hideaki T		PA	Q798	334	1872			
TIȚLE OF INVENTIO	N: OAF065alpha ar	d OAF065beta POLY	PEPTIDES							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICAT FEE	ION PRE	/. PAID ISSUE FEE	TOTAL FEE(S)	) DATE DUE			
nonprovisional	NO	\$1440.00	\$300.00		\$0.00	\$1,740.00	06/06/2008			
	EXAMINER			T CL	ASS-SUBCLASS					
Re	obert S LANDSMAN	I	1647							
1. Change of correspon	dence address or indi	cation of "Fee Address	3" (37 CFR 1.363	2. For printing	ng on the patent front p	age list 1	Sughrue Mion, PLLC			
☐ Change of correspor PTO/SB/122) attached		ange of Corresponder	ce Address form		nes of up to 3 regist agents OR, alternativel					
"Fee Address" indic 03-02 or more recent)	`		,	, , , ,						
printed.										
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
ONO PHARMACEUTICAL CO., LTD. Osaka, Japan										
Please check the approp	priate assignee catego	ory or categories (will	not be printed on t	he patent): 🗖 1	Individual ☑ Corporati	on or other private §	group entity  Government			
4a. The following fee(s	4b. Paymer	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
☑ Issue Fee	☐ A check	☐ A check is enclosed.								
☑ Publication Fee (No	☐ Payment	☐ Payment by credit card. Form 1310-2038 is attached.								
☐ Advance Order - # o		☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880 (enclose an extra copy of this form).								
					d and authorized to ch lit any overpayments to		es to Deposit Account No.			
5. Change in Entity Sta	tus (from status indic	ated above)								
a. Applicant claims	SMALL ENTITY sta	tus. See 37 CFR 1.27.	🗆 b. Appli	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
The Director of the USI	PTO is requested to a	pply the Issue Fee and	Publication Fee (i	fany) or to re-	apply any previously pa	aid issue fee to the a	pplication identified above.			
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.										
Authorized Signature		Supen III	Vach	Date		June 6, 2008	3			
Typed or Printed Name	s	usan J. Mack	•	Registration	No.	30,951				